

icare Paralympian Speakers Program

Please complete this form and return it, by clicking the send button at the bottom of the form, to paralympian@icare.nsw.gov.au. We will endeavour to respond to your request within 48 working hours from receiving the completed form.

1. About your event

Company name	ABN or icare policy number
<input type="text"/>	<input type="text"/>

Day/Date	Duration (Max 3 hours per engagement)	to	Event/Function name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Profile of audience	Athlete's role in the event	Attendee numbers	Industry
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	Dress code
<input type="text"/>	<input type="text"/>

Please provide details of your disabled parking and access

Athlete request (Note 1-3 in order of preference)

Please note these are only preferences and not confirmed until icare send through a final booking confirmation.

<input type="checkbox"/> Kahi Puru	<input type="checkbox"/> Nigel Smith	<input type="checkbox"/> Ben Houlison	<input type="checkbox"/> John Marshall
<input type="checkbox"/> Brett Stibners	<input type="checkbox"/> Grant Mizens	<input type="checkbox"/> Sam Tait	<input type="checkbox"/> Joany Badenhorst
<input type="checkbox"/> Scott Reardon			

All speakers profiles can be viewed on our website: icare.nsw.gov.au/icare-speakers-program/

Do you consent to icare promoting your Paralympian Speaker Program engagement via social media/media channels?

Yes No

How did you hear about us?

<input type="checkbox"/> LinkedIn	<input type="checkbox"/> Media release	<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Handout
<input type="checkbox"/> Facebook	<input type="checkbox"/> Search engine (Google etc.)	<input type="checkbox"/> Email footer	<input type="checkbox"/> icare's Mobile Engagement Team
<input type="checkbox"/> icare website	<input type="checkbox"/> icare's Injury Prevention	<input type="checkbox"/> Other	<input type="text"/>

2. About you

Full name	Position title
<input type="text"/>	<input type="text"/>

Contact phone	Email
<input type="text"/>	<input type="text"/>



If you need to change or cancel your booking, please provide at least 2 business days' notice to paralympian@icare.nsw.gov.au